

Health Care Claim Payment/Advice 835

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From	To	Format /Length	Field Name	Short/Doyle Comments	New 835	PG	u s e	NOTES	SEGMENT NAME & Alias or Industry	ELEMENT NAME	REF DES.	Elem ent #	LOOP	AT TR IB UT ES		RE PE AT
								FUNCTIONAL GROUP ID: HP	TABLE 1 - HEADER							
					ST	43	R		TRANSACTION SET HEADER		ST		HEADER			1
					835		R	MUST BE "835" FOR THIS TRANSACTION		TRANSACTION SET IDENTIFIER CODE	ST01	143	HEADER	M	ID	3/3
					count		R	#MUST MATCH VALUE IN SE02		TRANSACTION SET CONTROL NUMBER	ST02	329		M	AN	4/9
					BPR	44	R		FINANCIAL INFORMATION		BPR		HEADER			1
					I		R	I=Remittance C=Payment accompanies remittance advice	C, D, H, I, P, U, X,	TRANSACTION HANDLING CODE	BPR01	305	HEADER	M	ID	1/2
					\$\$	46	R		TOTAL ACTUAL PROVIDER PAMENT AMOUNT	MONETARY AMOUNT	BPR02	782	HEADER	M	R	1/18
					C or D		R	C=Credit D=Debit		CREDIT/DEBIT FLAG CODE	BPR03	478	HEADER	M	ID	1/1
				Howard thinks BOP	BOP ??		R	ACH=Automated Clearing House, BOP=Financial Institution Option, CHK=Check, FWT=wire trans, NON=non payment	IF ACH, BPR05-15 REQUIRED	PAYMENT METHOD CODE	BPR04	591	HEADER	M	ID	3/3
				EFT				CCP, CTX		PAYMENT FORMAT CODE	BPR05	812	HEADER	O	ID	1/10

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				BPR06-11 is the originator account AKA the Payer AKA Sender				Depository Financial Institution DFI ID qual		(DFI) ID NUMBER QUALIFIER	BPR06	506	HEADER	X	ID	2/2
				SCO will research				sender DFI ID		(DFI) IDENTIFICATION NUMBER	BPR07	507	HEADER	X	AN	3/12
										ACCOUNT NUMBER QUALIFIER	BPR08	569	HEADER	O	ID	1/3
				ADP or DMH account				SENDER/PAYER ACCOUNT#		ACCOUNT NUMBER	BPR09	508	HEADER	X	AN	1/35
				EIN=1, DUNS=3, User assigned #=9	1+EIN			PAYER ID, OR TIN# PRECEDED BY A "1" identical TRN03		ORIGINATING COMPANY IDENTIFIER	BPR10	509	HEADER	O	AN	10/10
								MUST BE IDENTICAL TO TRN04		ORIGINATING COMPANY SUPPLEMENTAL CODE	BPR11	510	HEADER	O	AN	9/9
				BPR12-15 is the Receiver AKA Provider AKA Payee				BPR12-15 REFERENCE RECEIVER ACCOUNT		(DFI) ID NUMBER QUALIFIER	BPR12	506	HEADER	X	ID	2/2
				coming from provider						(DFI) IDENTIFICATION NUMBER	BPR13	507	HEADER	X	AN	3/12
										ACCOUNT NUMBER QUALIFIER	BPR14	569	HEADER	O	ID	1/3

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								PROVIDER/RECEIVER ACCOUNT #		ACCOUNT NUMBER	BPR15	508	HEADER	X	AN	1/35
				if check from SCO after issue payment			R	CHECK OR EFT DATE		DATE	BPR16	373	HEADER	O	DT	8/8
					TRN	52	R		REASSOCIATION TRACE NUMBER		TRN		HEADER			1
					1		R	1=current transaction trace numbers		TRACE TYPE CODE	TRN01	481	HEADER	M	ID	1/2
				ADP or DMH assign # gives to SCO if trace EFT - If check SCO gives number		53	R		CHECK OR EFT TRACE NUMBER	REFERENCE IDENTIFICATION	TRN02	127	HEADER	M	AN	1/30
					1 + Federal Tax ID		R	EIN=1, DUNS=3, User assigned #=9 must match BPR10	PAYER IDENTIFIER	ORIGINATING COMPANY IDENTIFIER	TRN03	509	HEADER	O	AN	10/10
								MUST MATCH BPR11, IF USED		REFERENCE IDENTIFICATION	TRN04	127	HEADER	O	AN	1/30
						54	S		FOREIGN CURRENCY INFORMATION		CUR		HEADER			1
								PR (PAYER)		ENTITY IDENTIFIER CODE	CUR01	98	HEADER	M	ID	2/3
										CURRENCY CODE	CUR02	100	HEADER	M	ID	3/3
										EXCHANGE RATE	CUR03	280	HEADER	O	R	4/10

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					Skip	57	S	use only when receiver of transaction is other than the payee	RECEIVER IDENTIFICATION		REF		HEADER			1
								EV		REFERENCE IDENTIFICATION QUALIFIER	REF01	128	HEADER	M	ID	2/3
								RECEIVER IDENTIFIER		REFERENCE IDENTIFICATION	REF02	127	HEADER	X	AN	1/30
						58	S		VERSION IDENTIFICATION		REF		HEADER			1
					F2			F2 (NOTE: THIS IS NOT THE ANSI VERSION #)		REFERENCE IDENTIFICATION QUALIFIER	REF01	128	HEADER	M	ID	2/3
				payment software version number				VERSION ID CODE		REFERENCE IDENTIFICATION	REF02	127	HEADER	X	AN	1/30
					DTM 405	60	S		PRODUCTION DATE		DTM		HEADER			1
								405		DATE/TIME QUALIFIER	DTM01	374	HEADER	M	ID	3/3
121	128		date approved denied					when cutoff date is diff than 835 date	PRODUCTION DATE	DATE	DTM02	373	HEADER	X	DT	8/8
								LOOP ID 1000A - PAYER IDENTIFICATION								1
					N1	62	R		PAYER IDENTIFICATION		N1		1000A			1
					PR		R	PR		ENTITY IDENTIFIER CODE	N101	98	1000A	M	ID	2/3
132	132			ADP or DMH		63	R	PAYER NAME		NAME	N102	93	1000A	X	AN	1/60

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								XV		IDENTIFICATION CODE QUALIFIER	N103	66	1000A	X	ID	1/2
								PAYER IDENTIFIER		IDENTIFICATION CODE	N104	67	1000A	X	AN	2/80
				treasurer address	N3	64	R		PAYER ADDRESS		N3		1000A			1
							R			ADDRESS INFORMATION	N301	166	1000A	M	AN	1/55
								SECOND ADDRESS LINE		ADDRESS INFORMATION	N302	166	1000A	O	AN	1/55
					N4	65	R		PAYER CITY, STATE, ZIP		N4		1000A			1
							R			CITY NAME	N401	19	1000A	O	AN	2/30
							R			STATE OR PROVINCE CODE	N402	156	1000A	O	ID	2/2
							R			POSTAL CODE	N403	116	1000A	O	ID	3/15
						67	S		ADDITIONAL PAYER IDENTIFICATION		REF		1000A			4
										REFERENCE IDENTIFICATION QUALIFIER	REF01	128	1000A	M	ID	2/3
										REFERENCE IDENTIFICATION	REF02	127	1000A	X	AN	1/30
						69	S		PAYER CONTACT INFORMATION		PER		1000A			1
										CONTACT FUNCTION CODE	PER01	366	1000A	M	ID	2/2
										NAME	PER02	93	1000A	O	AN	1/60

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										COMMUNICATION NUMBER QUALIFIER	PER03	365	1000A	X	ID	2/2
										COMMUNICATION NUMBER	PER04	364	1000A	X	AN	1/80
										COMMUNICATION NUMBER QUALIFIER	PER05	365	1000A	X	ID	2/2
										COMMUNICATION NUMBER	PER06	364	1000A	X	AN	1/80
										COMMUNICATION NUMBER QUALIFIER	PER07	365	1000A	X	ID	2/2
										COMMUNICATION NUMBER	PER08	364	1000A	X	AN	1/80
								LOOP ID - 1000B PAYEE IDENTIFICATION								1
					N1	72	R		PAYEE IDENTIFICATION		N1		1000B			1
					PE		R			ENTITY IDENTIFIER CODE	N101	98	1000B	M	ID	2/3
				county name			R	REQUIRED IF N104 NOT AN NPI	Payee Name	NAME	N102	93	1000B	X	AN	1/60
				will change when NPI is available	FI		R	FI Federal Taxpayer's ID XX National Provider ID		ID CODE QUALIFIER	N103	66	1000B	X	AN	2/80
129	130		NO EIN or NPI	county code	###		R			ID CODE	N104	67	1000B	X	AN	2/80
				for e.g. clearinghouse	N3	74	S		PAYEE ADDRESS		N3		1000B			1
				for e.g. clearinghouse			R			ADDRESS INFORMATION	N301	166	1000B	M	AN	1/55

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				for e.g. clearinghouse				SECOND ADDRESS LINE		ADDRESS INFORMATION	N302	166	1000B	O	AN	1/55
				for e.g. clearinghouse	N4		75	S	PAYEE CITY, STATE, ZIP CODE		N4		1000B			1
				for e.g. clearinghouse				R		CITY NAME	N401	19	1000B	O	AN	2/30
				for e.g. clearinghouse				R		STATE OR PROVINCE CODE	N402	156	1000B	O	ID	2/2
				for e.g. clearinghouse				R		POSTAL CODE	N403	116	1000B	O	ID	3/15
				for e.g. clearinghouse						COUNTRY CODE	N404	26	1000B	O	ID	2/3
				for e.g. clearinghouse			77	S	PAYEE ADDITIONAL IDENTIFICATION		REF		1000B			>1
				for e.g. clearinghouse						REFERENCE IDENTIFICATION QUALIFIER	REF01	128	1000B	M	ID	2/3
				for e.g. clearinghouse						REFERENCE IDENTIFICATION	REF02	127	1000B	X	AN	1/30
									TABLE 2 - DETAIL							
				situational					LOOP ID - 2000 HEADER NUMBER							
				Medicare part A only	Skip		79	S	HEADER NUMBER		LX		2000			1
								SEE INSTRUCTIONS		ASSIGNED NUMBER		554	2000	M	NO	1/6
							80	S	PROVIDER SUMMARY INFORMATION		TS3		2000			1

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								PROVIDER NUMBER		REFERENCE IDENTIFICATION	TS301	127	2000	M	AN	1/30
								PLACE OF SERVICE		FACILITY CODE VALUE	TS302	1331	2000	M	AN	1/2
								FISCAL PERIOD DATE		DATE	TS303	373	2000	M	DT	8/8
								TOTAL CLAIM COUNT		QUANTITY	TS304	380	2000	M	R	1/15
								TOTAL CLAIM CHARGE AMOUNT		MONETARY AMOUNT	TS305	782	2000	M	R	1/18
								TOTAL COVERED CHARGE AMOUNT		MONETARY AMOUNT	TS306	782	2000	O	R	1/18
								TOTAL NONCOVERED CHARGE AMOUNT		MONETARY AMOUNT	TS307	782	2000	O	R	1/18
								TOTAL DENIED CHARGE AMOUNT		MONETARY AMOUNT	TS308	782	2000	O	R	1/18
								TOTAL PROVIDER PAYMENT AMOUNT		MONETARY AMOUNT	TS309	782	2000	O	R	1/18
								TOTAL INTEREST AMOUNT		MONETARY AMOUNT	TS310	782	2000	O	R	1/18
								TOTAL CONTRACTUAL ADJUSTMENT AMOUNT		MONETARY AMOUNT	TS311	782	2000	O	R	1/18
								TOTAL GRAMM-RUDMAN REDUCTION AMOUNT		MONETARY AMOUNT	TS312	782	2000	O	R	1/18

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From	To	Format /Length	Field Name	Short/Doyle Comments	New 835	PG	u s e	NOTES	SEGMENT NAME & Alias or Industry	ELEMENT NAME	REF DES.	Elem ent #	LOOP	AT TR IB UT ES		RE PE AT
								TOTAL MSP PAYER AMOUNT		MONETARY AMOUNT	TS313	782	2000	O	R	1/18
								TOTAL BLOOD DEDUCTIBLE AMOUNT		MONETARY AMOUNT	TS314	782	2000	O	R	1/18
								TOTAL NON-LAB CHARGE AMOUNT		MONETARY AMOUNT	TS315	782	2000	O	R	1/18
								TOTAL COINSURANCE AMOUNT		MONETARY AMOUNT	TS316	782	2000	O	R	1/18
								TOTAL HCPCS REPORTED CHARGE AMOUNT		MONETARY AMOUNT	TS317	782	2000	O	R	1/18
								TOTAL HCPCS PAYABLE AMOUNT		MONETARY AMOUNT	TS318	782	2000	O	R	1/18
								TOTAL DEDUCTIBLE AMOUNT		MONETARY AMOUNT	TS319	782	2000	O	R	1/18
								TOTAL PROFESSIONAL COMPONENT AMOUNT		MONETARY AMOUNT	TS320	782	2000	O	R	1/18
								TOTAL MSP PATIENT LIABILITY MET AMOUNTF		MONETARY AMOUNT	TS321	782	2000	O	R	1/18
								TOTAL PATIENT REIMBURSEMENT AMOUNT		MONETARY AMOUNT	TS322	782	2000	O	R	1/18

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From	To	Format /Length	Field Name	Short/Doyle Comments	New 835	PG	u s e	NOTES	SEGMENT NAME & Alias or Industry	ELEMENT NAME	REF DES.	Elem ent #	LOOP	AT RIBUT ES		RE PE AT
								TOTAL PIP CLAIM COUNT		MONETARY AMOUNT	TS323	782	2000	O	R	1/18
								TOTAL PIP ADJUSTMENT AMOUNT		MONETARY AMOUNT	TS324	782	2000	O	R	1/18
						85	S	USE ONLY AFTER TS3 SEGMENT. TS2 APPLIES TO INPATIENT HOSPITAL SVCS.	PROVIDER SUPPLEMENTAL SUMMARY INFORMATION		TS2					1
								TOTAL DRG AMOUNT		MONETARY AMOUNT	TS201	782	2000	O	R	1/18
								TOTAL FEDERAL SPECIFIC AMOUNT		MONETARY AMOUNT	TS202	782	2000	O	R	1/18
								TOTAL HOSPITAL SPECIFIC AMOUNT		MONETARY AMOUNT	TS203	782	2000	O	R	1/18
								TOTAL DISPROPORTIONATE SHARE AMOUNT		MONETARY AMOUNT	TS204	782	2000	O	R	1/18
								TOTAL CAPITAL AMOUNT		MONETARY AMOUNT	TS205	782	2000	O	R	1/18
								TOTAL INDIRECT MEDICAL EDUCATION AMOUNT		MONETARY AMOUNT	TS206	782	2000	O	R	1/18
								TOTAL OUTLIER DAY COUNT		QUANTITY	TS207	380	2000	O	R	1/15
								TOTAL DAY OUTLIER AMOUNT		MONETARY AMOUNT	TS208	782	2000	O	R	1/18

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								TOTAL COST OUTLIER AMOUNT		MONETARY AMOUNT	TS209	782	2000	O	R	1/18
								AVERAGE DRG LENGTH OF STAY		QUANTITY	TS210	380	2000	O	R	1/15
								TOTAL DISCHARGE COUNT		QUANTITY	TS211	380	2000	O	R	1/15
								TOTAL COST REPORT DAY COUNT		QUANTITY	TS212	380	2000	O	R	1/15
								TOTAL COVERED DAY COUNT		QUANTITY	TS213	380	2000	O	R	1/15
								TOTAL NONCOVERED DAY COUNT		QUANTITY	TS214	380	2000	O	R	1/15
								TOTAL MSP PASS-THROUGH AMOUNT		MONETARY AMOUNT	TS215	782	2000	O	R	1/18
								AVERAGE DRG WEIGHT		QUANTITY	TS216	380	2000	O	R	1/15
								TOTAL PPS CAPITAL FSP DRG AMOUNT		MONETARY AMOUNT	TS217	782	2000	O	R	1/18
								TOTAL PPA CAPITAL HSP DRG AMOUNT		MONETARY AMOUNT	TS218	782	2000	O	R	1/18
								TOTAL PPS DSH DRG AMOUNT		MONETARY AMOUNT	TS219	782	2000	O	R	1/18
								LOOP ID - 2100 CLAIM PAYMENT INFORMATION								>1
					CLP		89 R		CLAIM PAYMENT INFORMATION		CLP		2100			1

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1&133	10&144	X(10)	Claim ID Batch #	1=AorD 2-5 provider 6-10 serial #	alpha numeric		R	Patient account number or claim number is echoed back on the 835 - recommend unique numbers for each individual claim must be 20 char	PATIENT CONTROL NUMBER/ACCOUNT NUMBER CLM01 in 837	CLAIM SUBMITTER'S IDENTIFIER	CLP01	1028	2100	M	AN	1/38
				get from MEDS		90	R	1=primary 2=secondary 4=Denied		CLAIM STATUS CODE	CLP02	1029	2100	M	ID	1/2
				submitted charges	\$\$		R		TOTAL CLAIM CHARGE AMOUNT	MONETARY AMOUNT	CLP03	782	2100	M	R	1/18
				claim amount paid	\$\$		R		CLAIM PAYMENT AMOUNT	MONETARY AMOUNT	CLP04	782	2100	M	R	1/18
				? Share of costs ?				PATIENT RESPONSIBILITY AMOUNT		MONETARY AMOUNT	CLP05	782	2100	O	R	1/18
				value should mirror qrig claim SBR09 837	MC	92	R	MC=Medicaid etc.	CLAIM FILING INDICATOR CODE		CLP06	1032	2100	O	ID	1/2
				N/A				PAYER CLAIM CONTROL NUMBER		REFERENCE IDENTIFICATION	CLP07	127	2100	O	AN	1/30
								PLACE OF SERVICE	received from CLM05-1 in 837P	FACILITY CODE VALUE	CLP08	1331	2100	O	AN	1/2
				DMH				INSTITUTIONAL USE ONLY	received from CLM05-2 in 837P	CLAIM FREQUENCY TYPE CODE	CLP09	1325	2100	O	ID	1/1

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				N/A						DIAGNOSIS RELATED (DRG) CODE	CLP11	1352	2100	O	ID	1/4
				N/A				DRG WEIGHT		QUANTITY	CLP12	380	2100	O	R	1/15
				N/A				DISCHARGE FRACTION		PERCENT	CLP13	954	2100	O	R	1/10
					CAS	95	S	SEE INSTRUCTIONS	CLAIM ADJUSTMENT		CAS		2100			99
							R	CR=corrections and reversals OA=other		CLAIM ADJUSTMENT GROUP CODE	CAS01	1033	2100	M	ID	1/2
				see web site for codes			R	www.wpc-edi.com		CLAIM ADJUSTMENT REASON CODE	CAS02	1034	2100	M	ID	1/5
							R	ADJUSTMENT AMOUNT; NOTE NEGATIVE/POSITIVE NUMBERS		MONETARY AMOUNT	CAS03	782	2100	M	R	1/18
				ADP may use to change units				ADJUSTMENT QUANTITY		QUANTITY	CAS04	380	2100	O	R	1/15
										CLAIM ADJUSTMENT REASON CODE	CAS05	1034	2100	X	ID	1/5
								ADJUSTMENT AMOUNT		MONETARY AMOUNT	CAS06	782	2100	X	R	1/18
								ADJUSTMENT QUANTITY		QUANTITY	CAS07	380	2100	X	R	1/15
										CLAIM ADJUSTMENT REASON CODE	CAS08	1034	2100	X	ID	1/5
								ADJUSTMENT AMOUNT		MONETARY AMOUNT	CAS09	782	2100	X	R	1/18

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From	To	Format /Length	Field Name	Short/Doyle Comments	New 835	PG	u s e	NOTES	SEGMENT NAME & Alias or Industry	ELEMENT NAME	REF DES.	Elem ent #	LOOP	AT TR IB UT ES		RE PE AT
								ADJUSTMENT QUANTITY		QUANTITY	CAS10	380	2100	X	R	1/15
										CLAIM ADJUSTMENT REASON CODE	CAS11	1034	2100	X	ID	1/5
								ADJUSTMENT AMOUNT		MONETARY AMOUNT	CAS12	782	2100	X	R	1/18
								ADJUSTMENT QUANTITY		QUANTITY	CAS13	380	2100	X	R	1/15
										CLAIM ADJUSTMENT REASON CODE	CAS14	1034	2100	X	ID	1/5
								ADJUSTMENT AMOUNT		MONETARY AMOUNT	CAS15	782	2100	X	R	1/18
								ADJUSTMENT QUANTITY		QUANTITY	CAS16	380	2100	X	R	1/15
										CLAIM ADJUSTMENT REASON CODE	CAS17	1034	2100	X	ID	1/5
								ADJUSTMENT AMOUNT		MONETARY AMOUNT	CAS18	782	2100	X	R	1/18
								ADJUSTMENT QUANTITY		QUANTITY	CAS19	380	2100	X	R	1/15
					NM1	102	R		PATIENT NAME		NM1		2100			1
					QC		R	QC=patient		ENTITY IDENTIFIER CODE	NM101	98	2100	M	ID	2/3
					1		R	1=person		ENTITY TYPE QUALIFIER	NM102	1065	2100	M	ID	1/1
25	38		patient name				R			NAME LAST OR ORGANIZATION NAME	NM103	1035	2100	O	AN	1/35

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						103	R			NAME FIRST	NM104	1036	2100	O	AN	1/25
				if sent will return			S			NAME MIDDLE	NM105	1037	2100	O	AN	1/25
				if sent will return			S			NAME SUFFIX	NM107	1039	2100	O	AN	1/10
					MR	103		34=SSN MI=member ID MR=CIN or BENE ID		IDENTIFICATION CODE QUALIFIER	NM108	66	2100	X	ID	1/2
39	47			patient record #	subscriber primary identifier	103		required if the patient id was reported on the claim	PATIENT IDENTIFIER	IDENTIFICATION CODE	NM109	67	2100	X	AN	2/80
				N/A	Skip	105	S	Required if the insured or subscriber is different than the patient	INSURED NAME		NM1		2100			1
				N/A						ENTITY IDENTIFIER CODE	NM101	98	2100	M	ID	2/3
				N/A						ENTITY TYPE QUALIFIER	NM102	1065	2100	M	ID	1/1
				N/A						NAME LAST OR ORGANIZATION NAME	NM103	1035	2100	O	AN	1/35
				N/A						NAME FIRST	NM104	1036	2100	O	AN	1/25
				N/A						NAME MIDDLE	NM105	1037	2100	O	AN	1/25
				N/A						NAME SUFFIX	NM107	1039	2100	O	AN	1/10
						107		34=SSN MI=member ID MR=CIN or BENE ID		IDENTIFICATION CODE QUALIFIER	NM108	66	2100	X	ID	1/2
									PATIENT IDENTIFIER	IDENTIFICATION CODE	NM109	67	2100	X	AN	2/80

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From	To	Format /Length	Field Name	Short/Doyle Comments	New 835	PG	u s e	NOTES	SEGMENT NAME & Alias or Industry	ELEMENT NAME	REF DES.	Elem ent #	LOOP	AT TR IB UT ES		RE PE AT
				? Situational		108	S		CORRECTED PATIENT/INSURED NAME		NM1		2100			1
										ENTITY IDENTIFIER CODE	NM101	98	2100	M	ID	2/3
										ENTITY TYPE QUALIFIER	NM102	1065	2100	M	ID	1/1
								CORRECTED NAME		NAME LAST OR ORGANIZATION NAME	NM103	1035	2100	O	AN	1/35
										NAME FIRST	NM104	1036	2100	O	AN	1/25
										NAME MIDDLE	NM105	1037	2100	O	AN	1/25
										NAME SUFFIX	NM107	1039	2100	O	AN	1/10
										IDENTIFICATION CODE QUALIFIER	NM108	66	2100	X	ID	1/2
								CORRECTED IDENTIFICATION NUMBER		IDENTIFICATION CODE	NM109	67	2100	X	AN	2/80
				ADP does not have to use for Direct Provider	NM1	111	S	rendering provider is not the same as payee	SERVICE PROVIDER NAME		NM1		2100			1
					82					ENTITY IDENTIFIER CODE	NM101	98	2100	M	ID	2/3
								1=person 2=entity		ENTITY TYPE QUALIFIER	NM102	1065	2100	M	ID	1/1
										NAME LAST OR ORGANIZATION NAME	NM103	1035	2100	O	AN	1/35

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										NAME FIRST	NM104	1036	2100	O	AN	1/25
										NAME MIDDLE	NM105	1037	2100	O	AN	1/25
										NAME SUFFIX	NM107	1039	2100	O	AN	1/10
					FI			FI=EIN XX=NPI		IDENTIFICATION CODE QUALIFIER	NM108	66	2100	X	ID	1/2
11	14			provider code	EIN					IDENTIFICATION CODE	NM109	67	2100	X	AN	2/80
				we are the last payer - not transferring	N/A	114	S	payer to which the claim is transferred for further payment after being finalized by	CROSSOVER CARRIER NAME		NM1		2100			1
										ENTITY IDENTIFIER CODE	NM101	98	2100	M	ID	2/3
										ENTITY TYPE QUALIFIER	NM102	1065	2100	M	ID	1/1
										NAME LAST OR ORGANIZATION NAME	NM103	1035	2100	O	AN	1/35
										IDENTIFICATION CODE QUALIFIER	NM108	66	2100	X	ID	1/2
								COB CARRIER IDENTIFIER		IDENTIFICATION CODE	NM109	67	2100	X	AN	2/80
				DMH may use for Healthy Families		116	S	If you think another payer has priority for making a payment	CORRECTED PRIORITY PAYER NAME		NM1		2100			2
										ENTITY IDENTIFIER CODE	NM101	98	2100	M	ID	2/3

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From	To	Format /Length	Field Name	Short/Doyle Comments	New 835	PG	u s e	NOTES	SEGMENT NAME & Alias or Industry	ELEMENT NAME	REF DES.	Elem ent #	LOOP	AT RIB UT ES		RE PE AT
										ENTITY TYPE QUALIFIER	NM102	1065	2100	M	ID	1/1
										NAME LAST OR ORGANIZATION NAME	NM103	1035	2100	O	AN	1/35
										IDENTIFICATION CODE QUALIFIER	NM108	66	2100	X	ID	1/2
								CORRECTED PRIORITY PAYER ID NUMBER		IDENTIFICATION CODE	NM109	67	2100	X	AN	2/80
				N/A Medicare		118	S	CLAIM LEVEL DATA FOR INPATIENT CLAIMS; SEE INSTRUCTIONS	INPATIENT ADJUDICATION INFORMATION		MIA		2100			1
										QUANTITY	MIA01	380	2100	M	R	1/15
										QUANTITY	MIA02	380	2100	O	R	1/15
										QUANTITY	MIA03	380	2100	O	R	1/15
								CLAIM DRG AMOUNT		MONETARY AMOUNT	MIA04	782	2100	O	R	1/18
								REMARK CODE		REFERENCE IDENTIFICATION	MIA05	127	2100	O	AN	1/30
										MONETARY AMOUNT	MIA06	782	2100	O	R	1/18
										MONETARY AMOUNT	MIA07	782	2100	O	R	1/18
										MONETARY AMOUNT	MIA08	782	2100	O	R	1/18
										MONETARY AMOUNT	MIA09	782	2100	O	R	1/18
										MONETARY AMOUNT	MIA10	782	2100	O	R	1/18
										MONETARY AMOUNT	MIA11	782	2100	O	R	1/18
										MONETARY AMOUNT	MIA12	782	2100	O	R	1/18
										MONETARY AMOUNT	MIA13	782	2100	O	R	1/18

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From	To	Format /Length	Field Name	Short/Doyle Comments	New 835	PG	u s e	NOTES	SEGMENT NAME & Alias or Industry	ELEMENT NAME	REF DES.	Elem ent #	LOOP	AT TR IB UT ES		RE PE AT
										MONETARY AMOUNT	MIA14	782	2100	O	R	1/18
										QUANTITY	MIA15	380	2100	O	R	1/15
										MONETARY AMOUNT	MIA16	782	2100	O	R	1/18
										MONETARY AMOUNT	MIA17	782	2100	O	R	1/18
										MONETARY AMOUNT	MIA18	782	2100	O	R	1/18
										MONETARY AMOUNT	MIA19	782	2100	O	R	1/18
										REFERENCE IDENTIFICATION	MIA20	127	2100	O	AN	1/30
										REFERENCE IDENTIFICATION	MIA21	127	2100	O	AN	1/30
										REFERENCE IDENTIFICATION	MIA22	127	2100	O	AN	1/30
										REFERENCE IDENTIFICATION	MIA23	127	2100	O	AN	1/30
										MONETARY AMOUNT	MIA24	782	2100	O	R	1/18
				N/A		123	S	Medicare	OUTPATIENT ADJUDICATION INFORMATION		MOA		2100			1
								REIMBURSEMENT RATE		PERCENT	MOA01	954	2100	O	R	1/10
								CLAIM HCPCS PAYABLE AMOUNT		MONETARY AMOUNT	MOA02	782	2100	O	R	1/18
								REMARK CODE	printed remarks list	REFERENCE IDENTIFICATION	MOA03	127	2100	O	AN	1/30
								REMARK CODE		REFERENCE IDENTIFICATION	MOA04	127	2100	O	AN	1/30
								REMARK CODE		REFERENCE IDENTIFICATION	MOA05	127	2100	O	AN	1/30

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From	To	Format /Length	Field Name	Short/Doyle Comments	New 835	PG	u s e	NOTES	SEGMENT NAME & Alias or Industry	ELEMENT NAME	REF DES.	Elem ent #	LOOP	AT TR IB UT ES		RE PE AT
								REMARK CODE		REFERENCE IDENTIFICATION	MOA06	127	2100	O	AN	1/30
								REMARK CODE		REFERENCE IDENTIFICATION	MOA07	127	2100	O	AN	1/30
								CLAIM ESRD PAYMENT AMOUNT		MONETARY AMOUNT	MOA08	782	2100	O	R	1/18
								NONPAYABLE PROF. COMPONENT AMOUNT		MONETARY AMOUNT	MOA09	782	2100	O	R	1/18
				N/A		126	S		OTHER CLAIM RELATED IDENTIFICATION		REF		2100			5
										REFERENCE IDENTIFICATION QUALIFIER	REF01	128	2100	M	ID	2/3
										REFERENCE IDENTIFICATION	REF02	127	2100	X	AN	1/30
				N/A		128	S	secondary ID	RENDERING PROVIDER IDENTIFICATION		REF		2100			10
										REFERENCE IDENTIFICATION QUALIFIER	REF01	128	2100	M	ID	2/3
										REFERENCE IDENTIFICATION	REF02	127	2100	X	AN	1/30
				put dates in service loop	DTM	130	S		CLAIM DATE		DTM		2100			4

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From	To	Format /Length	Field Name	Short/Doyle Comments	New 835	PG	u s e	NOTES	SEGMENT NAME & Alias or Industry	ELEMENT NAME	REF DES.	Elem ent #	LOOP	AT TR IB UT ES		RE PE AT
				received date	050					DATE/TIME QUALIFIER	DTM01	374	2100	M	ID	3/3
					CCYYMMDD			CLAIM DATE		DATE	DTM02	373	2100	X	DT	8/8
				N/A		132	S		CLAIM CONTACT INFORMATION		PER		2100			3
								CX		CONTACT FUNCTION CODE	PER01	366	2100	M	ID	2/2
										NAME	PER02	93	2100	O	AN	1/60
										COMMUNICATION NUMBER QUALIFIER	PER03	365	2100	X	ID	2/2
										COMMUNICATION NUMBER	PER04	364	2100	X	AN	1/80
										COMMUNICATION NUMBER QUALIFIER	PER05	365	2100	X	ID	2/2
										COMMUNICATION NUMBER	PER06	364	2100	X	AN	1/80
										COMMUNICATION NUMBER QUALIFIER	PER07	365	2100	X	ID	2/2
										COMMUNICATION NUMBER	PER08	364	2100	X	AN	1/80
				N/A		135	S		CLAIM SUPPLEMENTAL INFORMATION		AMT		2100			14
										AMOUNT QUALIFIER CODE	AMT01	522	2100	M	ID	1/3
										MONETARY AMOUNT	AMT02	782	2100	M	R	1/18

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From	To	Format /Length	Field Name	Short/Doyle Comments	New 835	PG	u s e	NOTES	SEGMENT NAME & Alias or Industry	ELEMENT NAME	REF DES.	Elem ent #	LOOP	AT TR IB UT ES		RE PE AT
				N/A		137	S		CLAIM SUPPLEMENTAL INFORMATION QUANTITY		QTY		2100			15
										QUANTITY QUALIFIER	QTY01	673	2100	M	ID	2/2
										QUANTITY	QTY02	380	2100	X	R	1/15
								LOOP ID - 2110 SERVICE PAYMENT INFORMATION								##
					SVC	139	S		SERVICE PAYMENT INFORMATION		SVC		2110			1
				not sure of use				composite medical procedure ID		COMPOSITE MEDICAL PROCEDURE IDENTIFIER	SVC01	C003	2110	M		
					###		R	HC=HCPCS ID=ICD-9		PRODUCT/SERVICE ID QUALIFIER	SVC01-1	235	2110	M	ID	2/2
21& 23& 68& 84	22& 24& 72& 85	X(02)	mode of service & service function		###		R	procedure code		PRODUCT/SERVICE ID	SVC01-2	234	2110	M	AN	1/48
21& 23& 68& 84	22& 24& 72& 85									PROCEDURE MODIFIER	SVC01-3	1339	2110	O	AN	2/2
										PROCEDURE MODIFIER	SVC01-4	1339	2110	O	AN	2/2
										PROCEDURE MODIFIER	SVC01-5	1339	2110	O	AN	2/2

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From	To	Format /Length	Field Name	Short/Doyle Comments	New 835	PG	u s e	NOTES	SEGMENT NAME & Alias or Industry	ELEMENT NAME	REF DES.	Elem ent #	LOOP	AT RIB UT ES			RE PE AT
										PROCEDURE MODIFIER	SVC01-6	1339	2110	O	AN	2/2	
										DESCRIPTION	SVC01-7	352	2110	O	AN	1/80	
93	100			billed amount	\$\$	142	R	item charge amount		MONETARY AMOUNT	SVC02	782	2110	M	R	1/18	
101	108				\$\$		R	provider payment amount		MONETARY AMOUNT	SVC03	782	2110	O	R	1/18	
								NUBC REVENUE CODE		PRODUCT/SERVICE ID	SVC04	234	2110	O	AN	1/48	
90	92		units of service					units of service paid count		QUANTITY	SVC05	380	2110	O	R	1/15	
										COMPOSITE MEDICAL PROCEDURE IDENTIFIER	SVC06	C003	2110	O			
										PRODUCT/SERVICE ID QUALIFIER	SVC06-1	235	2110	M	ID	2/2	
										PRODUCT/SERVICE ID	SVC06-2	234	2110	M	AN	1/48	
										PROCEDURE MODIFIER	SVC06-3	1339	2110	O	AN	2/2	
										PROCEDURE MODIFIER	SVC06-4	1339	2110	O	AN	2/2	
										PROCEDURE MODIFIER	SVC06-5	1339	2110	O	AN	2/2	
										PROCEDURE MODIFIER	SVC06-6	1339	2110	O	AN	2/2	
										DESCRIPTION	SVC06-7	352	2110	O	AN	1/80	

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								REQUIRED WHEN PAID UNITS OF SERVICE DIFFER FROM CLAIM		QUANTITY	SVC07	380	2110	O	R	1/15
					DTM	146	S	150=beginning 151=end 472=single day of service	SERVICE DATE		DTM		2110			3
					472		R			DATE/TIME QUALIFIER	DTM01	374	2110	M	ID	3/3
73	82		service yr and month		CCYYMMDD		R	Service Date		DATE	DTM02	373	2110	X	DT	8/8
				situational	CAS	148	S	used for reductions in payment	SERVICE ADJUSTMENT		CAS		2110			99
							R		Group	CLAIM ADJUSTMENT GROUP CODE	CAS01	1033	2110	M	ID	1/2
							R	have list printed	Reason	CLAIM ADJUSTMENT REASON CODE	CAS02	1034	2110	M	ID	1/5
302	311		FFP approved amount	If Medical instead of Healthy Families adj amt	\$\$		R	ADJUSTMENT AMOUNT; NOTE NEGATIVE/POSITIVE NUMBERS		MONETARY AMOUNT	CAS03	782	2110	M	R	1/18
								ADJUSTMENT QUANTITY		QUANTITY	CAS04	380	2110	O	R	1/15
										CLAIM ADJUSTMENT REASON CODE	CAS05	1034	2110	X	ID	1/5
								ADJUSTMENT AMOUNT		MONETARY AMOUNT	CAS06	782	2110	X	R	1/18

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								ADJUSTMENT QUANTITY		QUANTITY	CAS07	380	2110	X	R	1/15
										CLAIM ADJUSTMENT REASON CODE	CAS08	1034	2110	X	ID	1/5
								ADJUSTMENT AMOUNT		MONETARY AMOUNT	CAS09	782	2110	X	R	1/18
								ADJUSTMENT QUANTITY		QUANTITY	CAS10	380	2110	X	R	1/15
										CLAIM ADJUSTMENT REASON CODE	CAS11	1034	2110	X	ID	1/5
								ADJUSTMENT AMOUNT		MONETARY AMOUNT	CAS12	782	2110	X	R	1/18
								ADJUSTMENT QUANTITY		QUANTITY	CAS13	380	2110	X	R	1/15
										CLAIM ADJUSTMENT REASON CODE	CAS14	1034	2110	X	ID	1/5
								ADJUSTMENT AMOUNT		MONETARY AMOUNT	CAS15	782	2110	X	R	1/18
								ADJUSTMENT QUANTITY		QUANTITY	CAS16	380	2110	X	R	1/15
										CLAIM ADJUSTMENT REASON CODE	CAS17	1034	2110	X	ID	1/5
								ADJUSTMENT AMOUNT		MONETARY AMOUNT	CAS18	782	2110	X	R	1/18
								ADJUSTMENT QUANTITY		QUANTITY	CAS19	380	2110	X	R	1/15
						154	S		SERVICE IDENTIFICATION		REF		2110			7

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										REFERENCE IDENTIFICATION QUALIFIER	REF01	128	2110	M	ID	2/3
										REFERENCE IDENTIFICATION	REF02	127	2110	X	AN	1/30
						156	S		RENDERING PROVIDER INFORMATION		REF		2110			10
										REFERENCE IDENTIFICATION QUALIFIER	REF01	128	2110	M	ID	2/3
										REFERENCE IDENTIFICATION	REF02	127	2110	X	AN	1/30
						158	S		SERVICE SUPPLEMENTAL AMOUNT		AMT		2110			12
										AMOUNT QUALIFIER CODE	AMT01	522	2110	M	ID	1/3
										MONETARY AMOUNT	AMT02	782	2110	M	R	1/18
						160	S		SERVICE SUPPLEMENTAL QUANTITY		QTY		2110			6
										QUANTITY QUALIFIER	QTY01	673	2110	M	ID	2/2
										QUANTITY	QTY02	380	2110	X	R	1/15
					LQ	162	S		HEALTH CARE REMARK CODES		LQ		2110			99

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								have list printed		CODE LIST QUALIFIER CODE	LQ01	1270	2110	O	ID	1/3
										INDUSTRY CODE	LQ02	1271	2110	X	AN	1/30
									TABLE 3 - SUMMARY							
					PLB	164	S	amounts can increase or decrease a payment	PROVIDER ADJUSTMENT		PLB					>1
										REFERENCE IDENTIFICATION	PLB01	127	2110	M	AN	1/30
										DATE	PLB02	373	2110	M	DT	8/8
										ADJUSTMENT IDENTIFIER	PLB03	C042	2110	M		
										ADJUSTMENT REASON CODE	PLB03-1	426	2110	M	ID	2/2
										REFERENCE IDENTIFICATION	PLB03-2	127	2110	O	AN	1/30
										MONETARY AMOUNT	PLB04	782	2110	M	R	1/18
										ADJUSTMENT IDENTIFIER	PLB05	C042	2110	X		
										ADJUSTMENT REASON CODE	PLB05-1	426	2110	M	ID	2/2
										REFERENCE IDENTIFICATION	PLB05-2	127	2110	O	AN	1/30
										MONETARY AMOUNT	PLB06	782	2110	X	R	1/18
										ADJUSTMENT IDENTIFIER	PLB07	C042	2110	X		
										ADJUSTMENT REASON CODE	PLB07-1	426	2110	M	ID	2/2

Health Care Claim Payment/Advice 835

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From	To	Format /Length	Field Name	Short/Doyle Comments	New 835	PG	u s e	NOTES	SEGMENT NAME & Alias or Industry	ELEMENT NAME	REF DES.	Elem ent #	LOOP	AT TR IB UT ES		RE PE AT
										REFERENCE IDENTIFICATION	PLB07-2	127	2110	O	AN	1/30
										MONETARY AMOUNT	PLB08	782	2110	X	R	1/18
										ADJUSTMENT IDENTIFIER	PLB09	C042	2110	X		
										ADJUSTMENT REASON CODE	PLB09-1	426	2110	M	ID	2/2
										REFERENCE IDENTIFICATION	PLB09-2	127	2110	O	AN	1/30
										MONETARY AMOUNT	PLB10	782	2110	X	R	1/18
										ADJUSTMENT IDENTIFIER	PLB11	C042	2110	X		
										ADJUSTMENT REASON CODE	PLB11-1	426	2110	M	ID	2/2
										REFERENCE IDENTIFICATION	PLB11-2	127	2110	O	AN	1/30
										MONETARY AMOUNT	PLB12	782	2110	X	R	1/18
										ADJUSTMENT IDENTIFIER	PLB13	C042	2110	X		
										ADJUSTMENT REASON CODE	PLB13-1	426	2110	M	ID	2/2
										REFERENCE IDENTIFICATION	PLB13-2	127	2110	O	AN	1/30
										MONETARY AMOUNT	PLB14	782	2110	X	R	1/18
					SE	173	R		TRANSACTION SET TRAILER		SE					1

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From	To	Format /Length	Field Name	Short/Doyle Comments	New 835	PG	u s e	NOTES	SEGMENT NAME & Alias or Industry	ELEMENT NAME	REF DES.	Elem ent #	LOOP	AT TR IB UT ES		RE PE AT
							R			NUMBER OF INCLUDED SEGMENTS	SE01	96	TRAILER	M	NO	1/10
							R			TRANSACTION SET CONTROL NUMBER	SE02	329	TRAILER	M	AN	4/9
										Rose is used for a Header or Table						